

| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-------------|-------|----------------|---------------------|
| 09/328,742 | 06/06/99 | 514 | 1614 | UCON/141/US |

APPLICANT ALEXANDROS MAKRIYANNIS, STORRS, CT; SONYUAN LIN, NANTIC, MA; DANIELE PIOMELLI, SAN DIEGO, CA.

CONTINUING DOMESTIC DATA***

VERIFIED

My
Claim Priority to Yes
Provisional Application
filed 06/09/98

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/15/99

| | | | | | |
|---|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged <i>John R. Kowalski</i> | <i>John R. Kowalski</i> EXAMINER'S INITIALS | CT | 5 | 20 | 3 |

SEE CUSTOMER NUMBER: 002543

| | | | |
|--|--|--|--|
| ADDRESS | | | |
| INHIBITORS OF THE ANANDAMIDE TRANSPORTER AS ANALGESIC AGENTS | | | |

| | | |
|------------------------------|---|---|
| FILING FEE RECEIVED \$890 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ |
|------------------------------|---|---|